

CLAIMS ONLY						Application Number <i>10/099862</i>	Filing Date				
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS			AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend			
1							51				
2							52				
3							53				
4							54				
5							55				
6			/				56				
7				/			57				
8				/			58				
9				/			59				
10			/				60				
11				/			61				
12				/			62				
13				/			63				
14			/				64				
15				/			65				
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17				/			67				
18				/			68				
19				/			69				
20				/			70				
21			/				71				
22				/			72				
23				/			73				
24			/				74				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			8				Total Indep				
Total Depend			23				Total Depend				
Total Claims			31				Total Claims				